

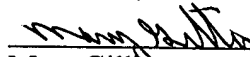


BEST AVAILABLE COPY

## CERTIFICATION

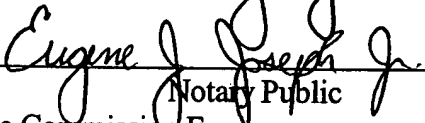
This is to certify that Corporate Translations, Inc. has performed a true translation for *Ethicon Endo-Surgery* of *Utility Patent Specification DE 203 15 652 U1: Surgical finger cap* [CTi Ref. No. ET29747] This document was prepared by a translator who is fully bilingual in both German and English.

Authorized Signature:

  
\_\_\_\_\_  
Mary Gillis  
Manager of Editor Training and  
Development  
Corporate Translations, Inc.

July 22, 2004

"Subscribed and sworn to before me  
this 22<sup>nd</sup> day of July, 2004"

  
\_\_\_\_\_  
Notary Public  
Date Commission Expires: 1.31.07



(19)  
Federal Republic of Germany  
German Patent and Trademark Office

(10) DE 203 15 652 U1 2004.01.22

(12)

## Utility Patent Specification

(22) Filing date: 09-30-03

(47) Registration date: 12-11-03

(43) Date disclosed in the Patent Office Journal: 01-22-04

(51) Int. Cl.<sup>7</sup>: A61B 18/00

A61B 18/12

(71) Name and address of patent holder:

Aesculap AG & Co. KG, 78532 Tuttlingen, DE

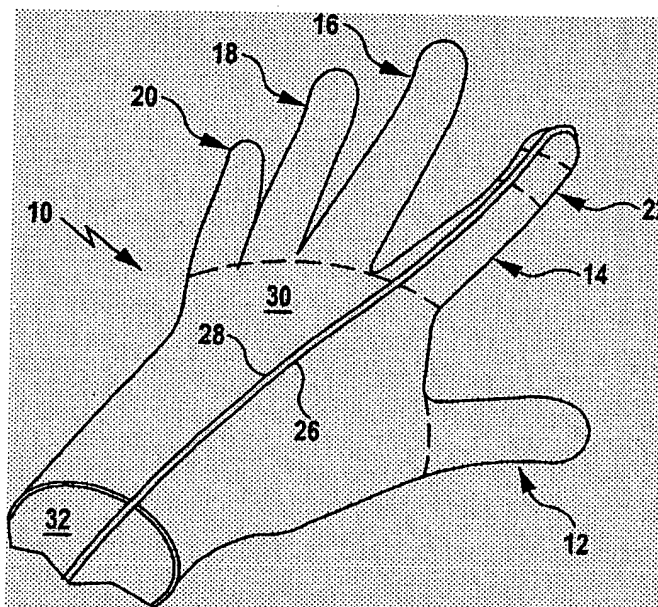
(74) Name and address of agent:

HOEGER, STELLRECHT & PARTNER  
PATENT ATTORNEYS, 70182 Stuttgart

The following information is taken from the documents submitted by the applicant

(54) Title: Surgical finger cap

(57) First claim: Surgical finger cap (22) for at least partially covering a finger, characterized in that the finger cap (22) contains at least one electrical switching element (24) for opening or closing an electric circuit (26, 28; 60, 62) of an electrosurgical apparatus (44, 50).



**Description**

[0001] The invention involves a surgical finger cap for at least partially covering a finger.

[0002] Surgical finger caps of the type mentioned in the introduction are known, for example, as part of surgical gloves that are worn by physicians during surgical interventions. During surgical interventions that use electrosurgical apparatus, for example high-frequency instruments for coagulation of tissue, a foot switch is normally employed, which the surgeon actuates several times during the operation. A drawback of this type of foot switch is that the surgeon has to look at the floor frequently during the surgical intervention so that he knows where the switch is located and that he can actuate it accurately.

[0003] A surgical glove is known from US 3,845,771, which is equipped with one or more circuit-board conductors, via which electrosurgical instruments can be actuated, specifically so that the circuit-board conductor of the glove is connected directly to the electrically conductive instrument so that an electric circuit can be completed.

[0004] A drawback of such an arrangement is that in the event of unintentional contact between a finger of the glove that is equipped with a printed circuit and the instrument, a current, especially a high-frequency current, can flow immediately.

[0005] It is therefore the purpose of the invention in question to improve a surgical finger cap of the type described in the introduction, so that a simple and accurate actuation of electrosurgical apparatus by a surgeon is possible.

[0006] In accordance with the invention, this purpose is realized with a surgical finger cap of the type described in the introduction in that the finger cap contains at least one electrical switching element for opening or closing an electric circuit of an electrosurgical apparatus.

[0007] With such an electrical switching element, electric circuits, for example control circuits and/or open circuits, can be opened and closed in a simple manner. In particular, no direct current flow from the switching element to the instrument is required, so an unintentional current flow from the finger cap to the instrument is impossible when the finger cap in accordance with the invention is used. Such uncontrolled current flows can thus be safely prevented. In any event, a surgeon can open and close an electric current of an electrosurgical apparatus in a simple manner without being distracted from the surgical intervention by looking for an actuating switch. In particular, the finger cap can be constructed so that it surrounds a

finger like a ring, so that it is kept securely on the finger.

[0008] The finger cap is preferably part of a surgical finger stall. This increases the ease of handling of the finger cap and ensures its secure hold on a surgeon's finger. In particular, it retains its position in a desired manner.

[0009] It is favorable if the finger cap is part of a surgical glove. In this manner a surgeon can put on the glove and at the same time immediately has the option of using the switching element to open or close an electric circuit of the instrument being used.

[0010] In accordance with a preferred embodiment of the invention, the surgical glove or the surgical finger stall can comprise at least one electrical supply conductor for the at least one switching element. In this manner a muddling of supply conductors in the area of the surgeon's hands or in the operating area can be effectively avoided.

[0011] It is also conceivable that the finger cap is part of a thimble.

[0012] The finger cap is preferably constructed in a tubular shape. In this manner it can be pulled onto a finger simply and securely.

[0013] In accordance with a preferred embodiment of the invention, the length of the finger cap can correspond approximately to its diameter. A switching element can be arranged on such a finger cap in a desired manner and fixed on various sites of the same finger, depending on the user's preference.

[0014] The finger cap is especially simple to put on if it is elastic.

[0015] To prevent the finger cap from slipping, the finger cap is preferably closed at one end. In this way the finger cap can slide down a finger only until the finger makes contact with the closed end of the finger cap.

[0016] It is especially advantageous if the at least one switching element is a pressure-activated switch or pushbutton. An electric circuit can be opened or closed by a simple exertion of pressure on the part of the operator via a finger that is wearing the finger cap. In so doing, it does not matter if the switching element is pressed against the instrument or the device that is intended to be actuated, or against other objects.

[0017] The at least one switching element is advantageously an ohmic switch or pushbutton. Such a switch or pushbutton is especially simple to manufacture and can be attached to a finger cap in an especially small design.

[0018] In order to actuate an electric circuit also in a contact-free manner, it is favorable if the at least one switching element can be actuated capacitively or inductively. A switching operation can thereby be initiated

if the switching element enters the proximity of capacitive or inductive elements. This is particularly an advantage if especially thick gloves or finger caps are used. In particular, the switching element can be arranged on the inside of the finger cap, where it is normally automatically protected against external influences. Furthermore, such switching elements can be of very small construction, require no movable parts and are very sensitive.

[0019] An especially simple design is produced if the at least one switching element comprises a magnetic field sensor. Such sensors are especially small and can be actuated by means of small magnets or ferromagnetic components.

[0020] It is especially advantageous if the magnetic field sensor is a Hall sensor. Basically, the switching element can be designed so that it switches the electric circuit on or off directly.

[0021] It is favorable if an actuator comprising the at least one switching element is provided for switching the electric circuit of the apparatus on and off. This makes it possible to arrange only the switching element on the finger cap, while larger and heavier components of the circuit are arranged in an area of the operating room where they do not interfere with a surgical intervention.

[0022] So that the finger cap can be used in high-frequency surgical interventions, it is advantageous if the actuator is a high-frequency activating unit.

[0023] In accordance with a preferred invention, the electric circuit of the electrosurgical apparatus can be a control circuit and/or feedback control circuit or an open circuit. As an example, the switching element can actuate a control circuit, which in turn actuates an open circuit of the instrument. In this way, very small currents sufficiently effect a switching operation. This increases the safety of the person wearing the finger cap.

[0024] It is advantageous if the electrosurgical apparatus is an electrosurgical instrument or a medical or surgical instrument. It is especially conceivable that an operator controls not only one instrument, which is guided by the operator, but also additional medical or surgical instruments that are used in connection with a surgical intervention et al. It would be further conceivable that an operator is equipped with several finger caps so that several instruments could be actuated independent of each other in a simple manner.

[0025] The following description of preferred embodiments of the invention is intended for more detailed elucidation in connection with the drawing.

[0026] Figure 1 shows a surgical glove;

[0027] Figure 2 shows an enlarged detail of a finger of the surgical glove from Figure 1;

[0028] Figure 3 shows a diagram of the function of the surgical glove from Figure 1;

[0029] Figure 4 shows a sketched circuit diagram for a capacitive switching element;

[0030] Figure 5 shows a sketched circuit diagram for an inductive switching element; and

[0031] Figure 6 shows a sketched circuit diagram for a Hall sensor as switching element.

[0032] Figure 1 shows a surgical glove, indicated collectively by reference number 10, which comprises five finger stalls 12, 14, 16, 18 and 20. Finger stall 12 functions to receive a thumb, finger stall 14 to receive an index finger, finger stall 16 to receive a middle finger, finger stall 18 to receive a ring finger and finger stall 20 to receive a little finger of a hand of an operator. The glove 10 shown in Figure 1 is constructed for a left hand; basically, it is also possible to manufacture a similar glove for a right hand.

[0033] All finger stalls 12 to 20 are constructed as a single unit with the glove 10. The finger stall 14 has a closed finger cap 22 at its front end, which could also be constructed to be open, as shown by the dashed line, in the shape of a ring. The finger cap 22 is constructed as a single unit with the finger stall 14. It contains a pressure-activated ohmic switch 24, which is connected to two supply conductors 26 and 28, which are fastened to the finger stall 14 and to the glove 10. In Figures 1 to 3 the supply conductors 26 and 28 are arranged divergently on an outer surface 30 of the glove 10 and of the finger stall 14; however, it would also be conceivable to arrange the supply conductors 26 and 28 divergently on the inside 32 of the glove 10 and of the finger stall 14. Alternatively, the supply conductors 26 and 28 could also be recessed in the glove material, which is preferably an elastic plastic or latex.

[0034] As shown in the enlarged detail in Figure 2, the switch 24 comprises a pivoting actuating button 34 which has two contacts 36 and 38, which in an actuated state become connected to circuit contacts 40 and 42, arranged on free ends of supply conductors 26 and 28, thereby making possible a current flow via the supply conductors 26 and 28.

[0035] The use of the glove 10 is diagrammed in Figure 3. A surgical instrument in the form of endoscopic bipolar scissors, indicated collectively by reference number 44, is held by a surgeon during a surgical intervention. Regardless of whether the surgeon holds the instrument 44 by its two branches 46 and 48 or elsewhere, he can, as an example, close a high-frequency electric circuit using the switch 24 arranged on the finger cap 22, via which upon contact

with an instrument tip 56 in an operating area, which is not shown, tissue can be obliterated. If the surgeon presses the switch 24 against the instrument 44 at an arbitrary site, the contacts 36 and 38 are directed against the circuit contacts 40 and 42 so that the electric circuit is closed as desired.

[0036] In Figures 4 to 6 additional variants of switching elements are diagrammed, which are discussed in detail below.

[0037] A HF surgical instrument 50a, diagrammed with a dashed line in Figure 4, is connected via supply conductors 26a and 28a to a capacitive switch 24a in the form of a capacitor, arranged on a finger stall 14a. A high-frequency surgical instrument 44a has an additional capacitor 54a and is provided collectively with a layer of insulation 52a on its outer surface. The instrument 44a is connected to the instrument 50a via supply conductors 60a and 62a. Conducting a high-frequency current to an instrument tip 56a of the instrument 44a is achieved if a surgeon brings the finger stall 14a containing the switch 24a in the proximity of the capacitor 54a. The instrument 50a comprises a corresponding switch, with which a high-frequency current for the instrument 44a is isolated, corresponding to a level set on a controller 58a.

[0038] Figure 5 shows a third example of embodiment of a surgical finger stall 14b, which has a capacitive switch 24b in the form of a coil arranged on the finger stall 14b or on a finger cap 22b, which coil is connected to a high-frequency surgical instrument 50b via supply conductors 26b and 28b. The instrument 50b is connected via supply conductors 60b and 62b to a high-frequency surgical instrument 44b, which can have an additional coil 64b, which is switched between the supply conductors 60b and 62b. No direct ohmic contact is produced between the instrument 44b covered with a layer of insulation 52b and the switch 24b. Bringing the switch 24b near the instrument 44b effects a change in the control current flowing through the switch 24b, which activates or deactivates a high-frequency current in the instrument 24 so that a high-frequency current can or cannot be applied to tissue with the instrument tip 56b. The level of the high-frequency current can be set on the instrument 50b using the controller 58b.

[0039] A third example of embodiment of a finger stall 14c in accordance with the invention is shown in Figure 6. The finger stall 14c comprises a magnetically sensitive switch 20c in the form of a Hall sensor, which is connected via supply conductors 26c and 28c to a high-frequency surgical instrument 50c, which comprises a control switch 68c. The sensitivity of the switch 24c can be set via a

controller 58c. A high-frequency surgical instrument 44c is connected to the instrument 50c via supply conductors 60c and 62c. The instrument 44c has a small control magnet 66c, which is not visibly integrated in the instrument 44c. However, the instrument 46c can be provided with a marking so that a surgeon can note the position of the control magnet 66c. If the surgeon moves a finger surrounded by the finger stall 46c in the direction of the control magnet 66c, the correspondingly constructed control switch 68c will apply a high-frequency current to the instrument 44c, especially to its tip 46c. If the surgeon removes the finger stall 14c from the area of the control magnet 66c, the control switch 68 will once again interrupt the high-frequency current to the instrument 44c.

[0040] With all the proposed possible examples of embodiment of finger caps 22 and finger stalls 14, electrosurgical instruments and devices can be actuated by a surgeon in a simple manner. Depending on the construction of the switching element, certain areas of the instrument to which a switch 24 must be moved or directed can be designated so as to actuate, for example, a control current for an actuator, with which an open circuit on the instrument 44 can be closed using the control device.

[0041] All proposed switching elements can be integrated in a finger cap 22, in a finger stall or in a glove. The arrangement of the switch 24 on the finger stall 14 for the index finger of a surgeon is merely an example. Corresponding switches 24 can readily be provided on each of the finger stalls 12 to 20 of a glove, so that a surgeon can actuate several instruments simultaneously with one hand.

#### Protective claims

1. Surgical finger cap (22) for at least partially covering a finger, characterized in that the finger cap (22) contains at least one electrical switching element (24) for opening or closing an electric circuit (26, 28; 60, 62) of an electrosurgical apparatus (44, 50).
2. Finger cap according to Claim 1, characterized in that the finger cap (22) is part of a surgical finger stall (14).
3. Finger cap according to one of the Claims 1 or 2, characterized in that the finger cap (22) is part of a surgical glove (10).
4. Finger cap according to one of the Claims 2 or 3, characterized in that the surgical glove (10) or the surgical

finger stall (14) comprises at least one electrical supply conductor (26, 28) for the at least one switching element (24).

5. Finger cap according to one of the preceding claims, characterized in that the finger cap (22) is part of a thimble.

6. Finger cap according to one of the preceding claims, characterized in that the finger cap (22) is constructed in a tubular shape.

7. Finger cap according to one of the preceding claims, characterized in that the length of the finger cap (22) corresponds approximately to its diameter.

8. Finger cap according to one of the preceding claims, characterized in that the finger cap (22) is elastic.

9. Finger cap according to one of the preceding claims, characterized in that the finger cap (22) is closed at one end.

10. Finger cap according to one of the preceding claims, characterized in that the at least one switching element (24) is a pressure-activated switch or pushbutton.

11. Finger cap according to one of the preceding claims, characterized in that the at least one switching element (24) is an ohmic switch or pushbutton.

12. Finger cap according to one of the Claims 1 to 10, characterized in that the at least one switching element (24) is activated capacitively or inductively.

13. Finger cap according to Claim 12, characterized in that the at least one switching element (24) comprises a magnetic field sensor.

14. Finger cap according to Claim 13, characterized in that the magnetic field sensor (24) is a Hall sensor.

15. Finger cap according to one of the preceding claims, characterized in that an actuator (50) comprising the at least one switching element (24) is provided for switching the electric circuit of the electrosurgical apparatus on and off.

16. Finger cap according to Claim 15, characterized in that the actuator (50) is a high-frequency activating unit.

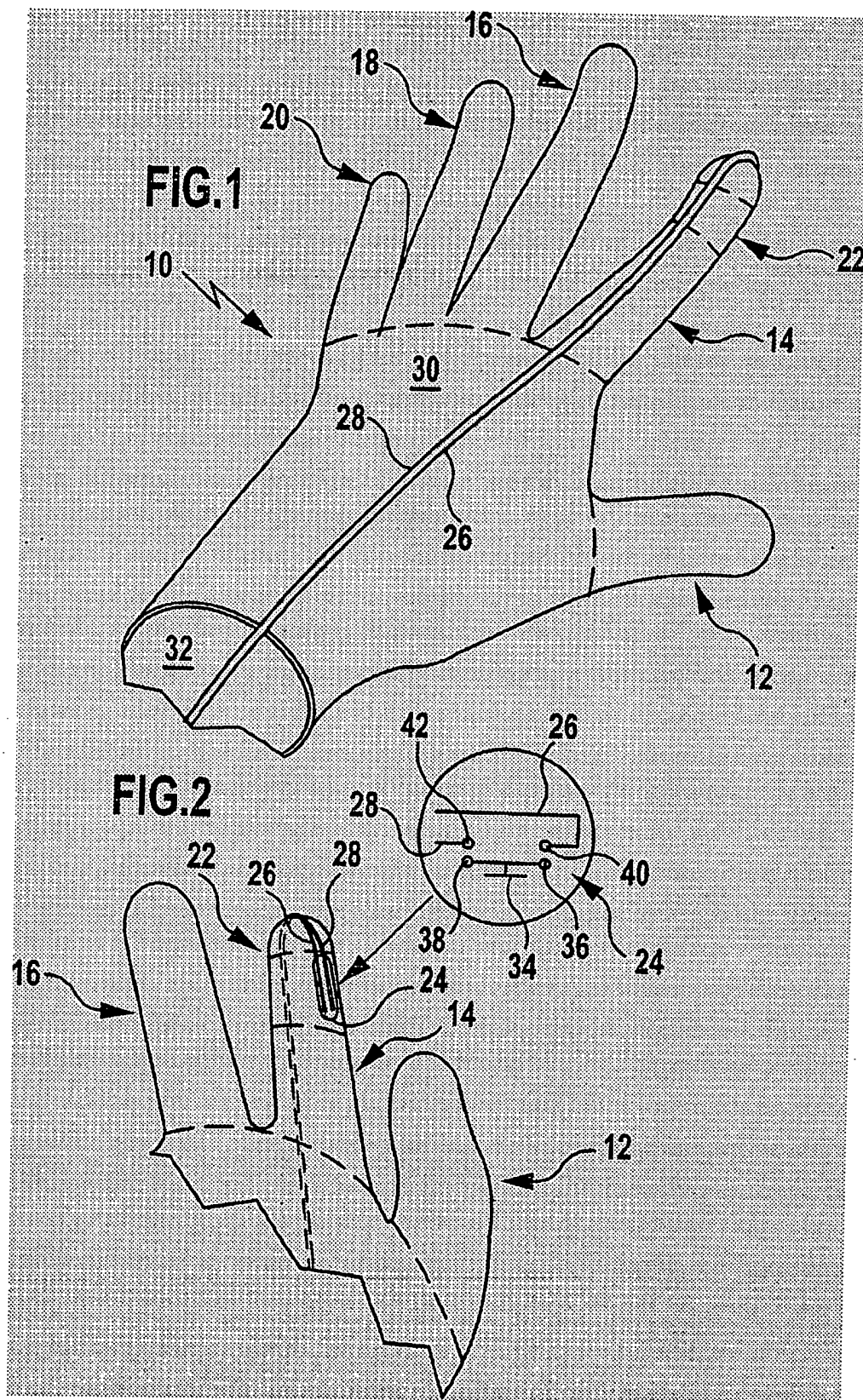
17. Finger cap according to one of the preceding

claims, characterized in that the electric circuit (26, 28; 60, 62) of the electrosurgical apparatus (50) is a control circuit and/or feedback control circuit (26, 28) or an open circuit (60, 62).

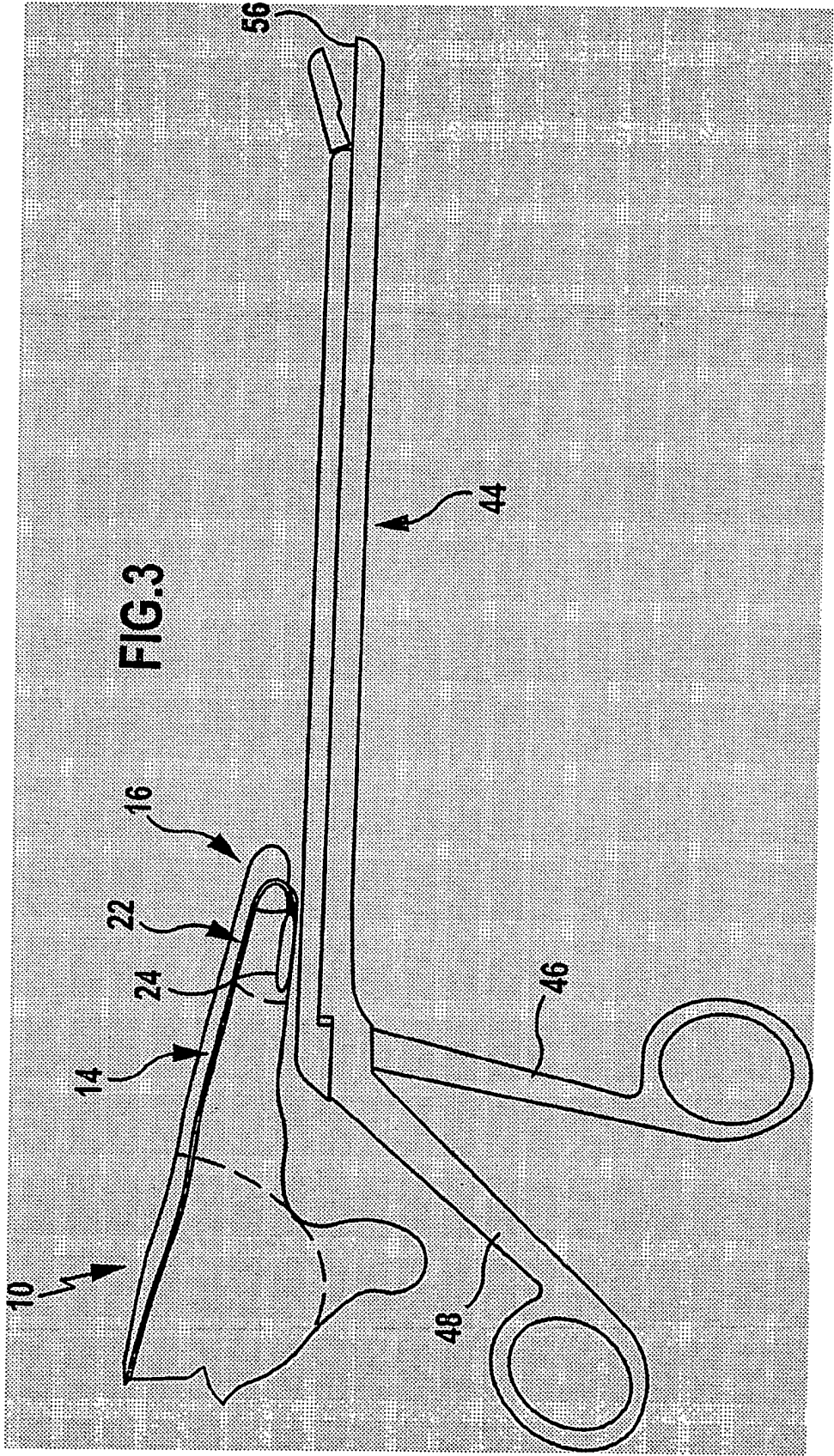
18. Finger cap according to one of the preceding claims, characterized in that the electrosurgical apparatus (44; 50) is an electrosurgical instrument (44) or a medical or surgical instrument (50).

Three pages of drawings are appended

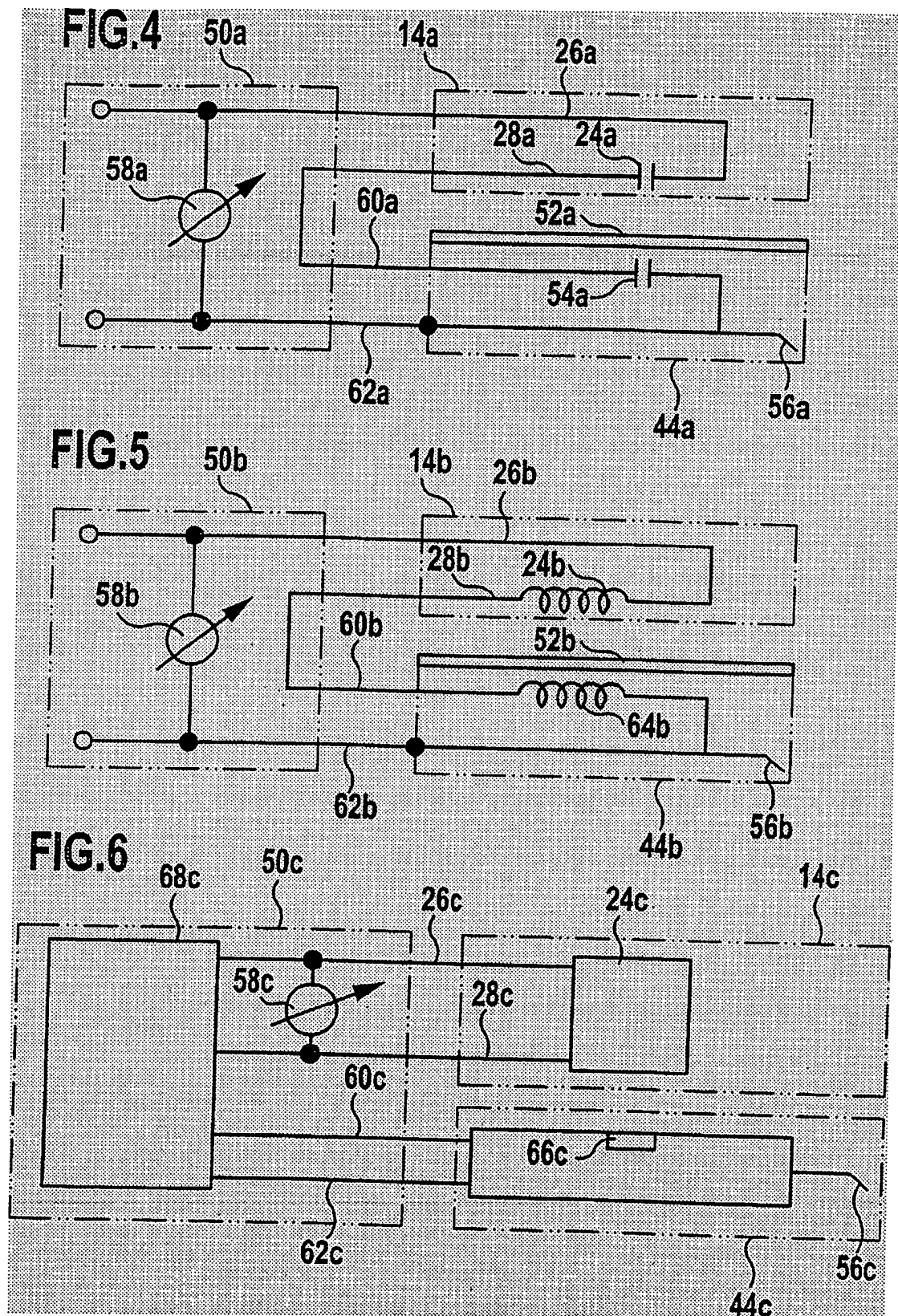
Appended drawings











**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**